## LETTERHEAD

Corresponding

Date:	3/2/2006
Date.	0,2,200

To: Name of DHS Analyst

From: Ronald McDonald, LEC Coordinator, Region 14

Invoice Percentage Variance and Analysis of Variance (if applicable) Documentation (Between Current Year Prior Quarter and/or Previous Year Corresponding Quarter) Subject:

Claiming Unit: XYZ School District Invoice #: 04/05-2

Please check the reason for the variance and provide a description for those that have a variance of 20% lesser/greater.

Consecutive Qtrs				Qtr of Prior Fiscal Year				
49,588 51,750	Prior Qtr Invoice Amount Current Qtr Invoice Amount		11,895 Corresponding Qtr Prior Fiscal Year		ear			
4.36%				51,750 335.06%	Current Qtr Invoice Amount Percentage of Corresponding Fis	cal Otr Variance		
4.0070								
CY Consecutive Qtr Variance	PY Corresponding Fiscal Qtr Variance	Variance Analysis						
		Increase/(decrease) in participants. (Explain) Consecutive Qtr:						
		Fiscal Year Qtr:						
		Explain)						
		Fiscal Year Qtr:						
		Decrease in other cost pool. (Explain) Consecutive Qtr:						
		Fiscal Year Qtr:						
		Change in Medi-Cal percentage. (Explain) Consecutive Qtr:						
		Fiscal Year Qtr:						
		Difference in the number of Pay Periods (Explain) Consecutive Qtr:						
		Fiscal Year Qtr:						
		Other: (Explain)  Consecutive Qtr: The Claiming Unit Other Costs increased from \$23,920 in the 04/05-1st quarter to \$33,458 in the 04/05-2nd quarter.						
		Fiscal Year Qtr:						
Please contact	me if you have any	questions or require furth	er inforr	mation at (530) 555	5-1111.			

Ronald McDonald Region 14, LEC MAA Coordinator

Instructions: This Variance Document is required for each invoice submission. Enter reimbursement amount for the Prior Quarter of the Current Year. Enter reimbursement amount for the Corresponding Quarter of the Previous Year. Calculate the percentage of variance, and describe the reasons for variance lesser/greater than 20 percent.